

**Lucinda Thimm-Jurado, MSSW, LCSW**  
**Wisconsin Therapy Center LLC**  
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**REFERRAL FOR COPING SKILLS GROUP FOR TEENAGE GIRLS**  
 TO BE FILLED OUT BY REFERRAL, IF NOT A FAMILY MEMBER

Please Call for more information regarding specific dates & times

For more information regarding the group,  
 please visit the website of Luci Thimm-Jurado, LCSW, at [www.LuciTJ.com](http://www.LuciTJ.com).  
 Click 'Services' to find the Group Information.

**Please fill out the information below.**

Name of Teen:			Birth Date:	Age:
Today's Date:			Email:	
Name of school and grade girl is in:				
Form Completed By (if other than client):			Home Phone:	
Address:			Work Phone:	
City:	State:	Zip:	Cell Phone:	
Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		If insurance, what type of insurance do you have?	
Primary Care Provider (PCP):			PCP Address:	Phone:
Clinic:			Fax:	
Have you received a preauthorization for the group from the insurance company (if needed)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the teen currently a client at Wisconsin Therapy Center with Luci Thimm-Jurado?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, parents will need to contact Luci to set up an appointment for an evaluation prior to starting the group.				

**Problem Areas**


**Strengths**


**Who should Luci contact with further information about the group?**

Name:		Relationship to Teen:		
Work Phone:	Home Phone:	Cell Phone:	Email:	
Please place a star next to your preferred method of contact, along with best time to contact.				

Who referred you to the group?	Phone:	Email:		
May I send them a thank you?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please fax or mail this form to Luci Thimm-Jurado with the contact information provided at the top of this page. Thanks!				